SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2014



RECEIVED

2015 AUG -5 AM 9: 01

TOWN AND CITY CLERK
BRISTOL, CT

REGISTRATION TYPE	1. ELECTION DATE	(mm/dd/yyyy)	2. OFFI	CE OR POSITION SOUGHT	ACTORISATION SHAPPARAN	T NUMBER	
Initial	11/3/20	15	Bo,	and of Education	(If applicable)		
4. PARTY AFFILIATION							
O Republican	Democratic	Ootl	her (Speci	ify)			
5. CANDIDATE NAME			er er er er			la m	
First Name		MI		Last Name		Suffix	
ChrisTOPH	4R			W.ISON			
6. CANDIDATE RESIDENC	E ADDRESS			7. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
71 Penk	cins ST						
City	Sta	ate Zip	Code	City	State	Zip Code	
BR. STIL	· · · · · · · · · · · · · · · · · · ·	70	6010				
And the property of the Control of t	<u> </u>	~,					
8. CANDIDATE TELEPHOI (Include Area Code)	NE 9.			AIL ADDRESS			
860 681-8274 CW.150NOCVMCO.COM							
10. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
(Check one)							
A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement. Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.							
B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.							
Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.							
Important Notice: Failure of a candidate to complete this page together with either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 9-623(b), Connecticut General Statutes.							
Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.							

SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee



Revised January 2014

REG	ISTRATION TYPI	CANDIDATE NAME			
() In	itial Amendn				
11. RF	ASON FOR EXE	IPTION FROM FORMING A CANDIDATE COMMITTEE			
	I hereby c	rtify that I am exempt from forming a candidate committee because: (CHECK ONE)			
	political comn	f a slate of candidates whose campaigns are being funded solely by a town committee or a littee formed for a single election or primary and expenditures made on my behalf will be committee sponsoring my candidacy. The name of this sponsoring committee is:			
	·	BRISTOL BOE 2015			
		OR			
	contributions thousand dollar	ng my campaign entirely from my own personal funds and will not request or receive com other individuals or committees and I understand that if I make expenditures exceeding one is (\$1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) is same schedule and in the same manner as required of treasurers of candidate committees.			
. <u> </u>		OR .			
	C. I do not intend to receive or expend funds in excess of one thousand dollars (\$1,000).				
		or N			
	D. I do not in	end to receive or expend any funds, including personal funds, for this campaign.			
12. CI	ERTIFICATION				
	I hereby certificandidate comknowledge and	and state, under penalties of false statement, that this statement of exemption from forming a mittee, for the reason checked above, is true, accurate and complete to the best of my belief. 8/4/2015			
	CANDIDATE SIGNA	DATE (mm/dd/yyyy)			

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION Candidate Committee Registration Statement



Revised January 2014

REGISTRATION TYPE CANDIDATE N	AME					
OInitial OAmendment						
11. COMMITTEE NAME				Name of the Control o		
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE	EMAIL ADDRESS & V	VEBSITE	r.
Address			Email Address			
City	State	Zip Code	Website			
15. TREASURER NAME						
First Name		MI	Last Name			Suffix
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAIL	ING ADDRESS (If differen	it)	
Street Address			Address			
City	State	Zip Code	City		State	Zip Code
18. TREASURER TELEPHONE	10 TDE	ASTIDED EN	MAIL ADDRESS		<u> </u>	
(Include Area Code)				a garant are account of the constraint of the co		
20. DEPUTY TREASURER NAME						
First Name		MI	Last Name			Suffix
21. DEPUTY TREASURER RESIDENCE ADDI	PECC		22. DEPUTY TREASURI	ER MAILING ADDRES	SS (If differe	m)
Street Address	L IGS		Address		so (1) uwere	""
City	State	Zip Code	City		State	Zip Code
23. DEPUTY TREASURER TELEPHONE	24. DEP	UTY TREAS	URER EMAIL ADDRESS			
(Include Area Code)				territorio de Chilose e il monte di Albania di Santia della Santia della segli di Santia di Santia di Santia d Santia di Santia di S		angularia (1966) a a sa Santa Barina Barina (1967) a garan (1967) a barina a sa Santa
25. DEPOSITORY INSTITUTION NAME						
26. DEPOSITORY INSTITUTION ADDRESS						
26. DEPOSITORY INSTITUTION ADDRESS Address		William Programme	City	S	tate	Zip Code

REGISTR	ATION TYPE	CANDIDATE NAME					
OInitial	Amendment						
27. CERTI	FICATION						
com this	mittee registration statement include	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions.					
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)					
Treasurer							
cand elect cont	lidate to serve as tor in the State of ained in Chapter	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an f Connecticut. I intend to comply with all the campaign finance disclosure requirements as 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions a contributions and expenditures.					
I cei	I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.						
juris unde plea	sdiction, any (A) er Title 9 of the (ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.					
	rtify that I am no nmission.	t otherwise barred from serving as a treasurer by order of the State Elections Enforcement					
TRE	ASURER SIGNATURE	DATE (mm/dd/yyyy)					
Deputy Treasu	rer						
cand and auto that requ	didate to serve as accept that, in the matically become I am an elector in the material in the	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understand e event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall be responsible for discharging all of the duties required of the vacating treasurer. I certify in the State of Connecticut. I intend to comply with all the campaign finance disclosure rained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or ang campaign contributions and expenditures.					
I ce	I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.						
juris und plea	I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.						
	rtify that I am no orcement Comm	t otherwise barred from serving as a deputy treasurer by order of the State Elections ission.					
DEP	UTY TREASURER SIGN	ATURE DATE (mm/dd/yyyy)					

